



DOCUMENT REQUEST FORM

Fill out this form completely and accurately. PLEASE PRINT ALL ENTRIES

CLIENT'S INFORMATION (Record's Owner)

First Name		Middle Name	Last Name	Extension Name <small>(if there is any)</small>
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday:		Birthplace:	
Did you have a change or correction of name at PRMSU? <input type="checkbox"/> No <input type="checkbox"/> Yes, my original name was: _____				
ACADEMIC INFORMATION				
Student number:		Latest Course Enrolled at PRMSU:		
Did you graduate from PRMSU? <input type="checkbox"/> Yes, I graduated on (pls. specify complete date of graduation for latest course enrolled) _____ <input type="checkbox"/> No, I did not graduate from PRMSU. My last term of attendance was <input type="checkbox"/> 1 st term <input type="checkbox"/> 2 nd term <input type="checkbox"/> 3 rd term <input type="checkbox"/> Summer/Midyear of School Year _____ - _____				

[CONTACT INFORMATION] Tel./mobile number: _____ Email address: _____

Home/Mailing address: _____

DETAILS OF DOCUMENT REQUEST | Date Requested: _____

Please refer to the following list to identify the type/s of document/s being requested.
Write the name/type of document to request if it is not included in the list

<ul style="list-style-type: none">TOROriginal DiplomaCopy of DiplomaForm 137RLE – Related Learning ExperienceCAV – Certification / Authentication / Verification	Certifications <ul style="list-style-type: none">Units EarnedGrades (per semester/term)Grades (all terms attended)GWAAcademic CompletionGraduation	<ul style="list-style-type: none">As a Candidate for GraduationAs Honor GraduateSubjects Enrolled / CurriculumEnrollment / RegistrationEnglish as a Medium of InstructionCourse Description (maximum of 5 per certification)
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Tick (put a check [✓] mark on the appropriate box if you are to request the document specified)

Document Type	Purpose	No. of Copies
<input type="checkbox"/> Transcript of Records (TOR)		
<input type="checkbox"/> Original Diploma <input type="checkbox"/> Copy of Diploma		
<input type="checkbox"/> Form 137		
<input type="checkbox"/> Related Learning Experience (RLE)		
<input type="checkbox"/> Certification / Authentication / Verification (CAV)		
<input type="checkbox"/> Certification/s (refer to the list above for types of certifications)		
<input type="checkbox"/> CTC (Certified True Copy) – list type of document/s for CTC		

☐ Request is acknowledged for processing ☐ Request is put on hold ☐ Request is denied

Note: CRO staff must keep a copy of this form if the client's request is put on hold or denied.)

Remarks:

For submission by the client	For the signature of the client once the document/s requested is/are received: Date:
Request received by (name & signature of receiving staff):	
Date of issuance of requested document/s	

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DOCUMENT REQUEST CLAIM STUB (To be filled out by CRO Staff. ✂ To be given to the client.)

Client's name:	Date of request:
Document/s Requested:	Date of issuance:
For submission by client:	
Request received by:	Signature

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CLAIMS / DELIVERY INSTRUCTIONS. Please select and mark your preferred mode of issuance/release of the requested document/s.

- ☐ **PICK UP.** The document/s will be claimed by the owner who, upon claiming, will present one (1) valid ID and the Official Receipt of payment.
- ☐ **PROXY.** A proxy/representative will be sent to claim the document/s. Upon claiming, he/she will bring the authorization letter from the record's owner, a photocopy of his/her valid ID (original ID to be presented to the processing staff), and one (1) photocopy of the valid ID of the owner and the Official Receipt of payment.

Name of Authorized Representative:	Contact number of representative:
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- ☐ **COURIER.** Please send the document/s via courier to the address indicated in the form. It is understood that the delivery period is over and above the processing period. (Please read the following policies adopted by the University for the delivery of requested document/s via courier services)

Complete Mailing Address: _____

Preferred courier service (if any): _____

1. Courier services for requested documents from President Ramon Magsaysay State University will be through **LBC** (unless otherwise specified by the client, and availability of preferred courier services in the area).
2. The Office will only be shipping documents **domestically**. Documents requested to be sent to recipients outside of the country will be coursed through the owner of the record requested (or through their authorized representative). The Office will surrender requested documents to the owner of the record (or their authorized representative), and the latter will facilitate the shipping of the document to its intended recipient.
3. Delivery charges for courier service shall be charged to the client, payment of which must be made before processing the request. **The standard delivery rate** of courier service will be applied.
4. Payment, covering the cost of the document, convenience fee, and delivery/shipping fee, will be made by the client through the Collecting Office or via LBP online payment process adopted by the University.

Payment includes fees for the following:		Courier Service Fee	Convenience Fee
Processing Fee			
Initial payment for TOR, amounting to Php 150.00 will be paid by the client before the requested document is processed by the Office.		The standard delivery rate of courier service will be applied.	Php 50.00
Payment for additional pages on the requested TOR will be made by the client before pick-up at the Office or Delivery to the intended recipient <i>(additional Php 100.00 for each succeeding page/s)</i> .			
Payment will be coursed through University-approved payment collection channels			

5. The period for payment posting and processing may vary depending on the channel used by the client and is excluded from the allotted processing time as per the policy of the Office. Presentation of an Official Receipt will serve as proof of payment.
6. Delivery/shipping time may take 1 to 3 days (or more) depending on courier service.

Delivery shipping time is excluded from the allotted processing time as per the policy of the Office.
Processing time is the number of working days allotted in the preparation of the requested document starting from when the request was acknowledged by the Office up to the day when the requested document is made available for either pick-up by or delivery to the client.
Acknowledgment of Request by the Office is when the client has satisfied all the requirements for his/her request thus prompting the Office to act on it.

CONDITIONS & REMINDERS

1. Under existing laws, **only the owner of the records** is allowed to request documents in connection with his/her school records and claim the requested documents.
2. The University reserves the right to withhold, deny or cancel any request for document/s due to incomplete requirements and/or pending accountabilities of the student.
3. To verify the identity of the requesting/claiming party, one (1) valid identification card shall be required for presentation upon request and one (1) valid identification card upon claiming the document/s.
4. Requests and claiming of documents by representative/proxy should be covered by an accomplished Proxy Request of Records Form or an Authorization Letter from the record's owner. The proxy/representative must present his/her valid ID and one valid ID of the owner during said transactions.
5. Please return this form to the Office of the University or Campus Registrar after payment at the Accounting Office (if payment is applicable). Without this form, the request cannot be processed.
6. Documents not claimed after two (2) years will be destroyed.

CONFORME. I have read and understood all the conditions and reminders in connection with this request. I likewise agree to comply with them. I hereby certify the correctness of all entries. Any false information I supplied shall render me liable for the consequences of my wrong actions.

Signature over Printed Name of Client

Date

DATA SUBJECT CONSENT. This is to certify, that I, _____, have given my permission to the _____ (Complete name of client)

PRMSU – Office of the University & Campus Registrars’ Offices in the collection, lawful use, and disclosure of my personal information (including sensitive and privileged information, if may be applicable), which may or may not include all information contained in the forms and documentations I have submitted in line with the preparation and issuance of my requested document/s.

This is also to certify that I have permitted the PRMSU – Office of the Campus & Registrars’ Offices and other appropriate offices in the University to provide the above-cited information to legitimate offices/institutions requesting such information in relation to the performance of their legitimate/lawfully-mandated functions.

This further permits the PRMSU – Office of the Campus & Registrars’ Offices to process my information to the maximum extent allowed by law, to pursue its objectives as an educational institution. This may include a variety of academic, administrative, research, historical, and statistical purposes.

I am assured that the security systems of the PRMSU – Office of the Campus & Registrars’ Offices are in place to protect and safeguard my personal information.


I understand that the PRMSU – Office of the Campus & Registrars’ Offices are authorized to process my personal and sensitive personal information without the need for my consent under the relevant portions of Sections 4 (Scope), 12 (Criteria for Lawful Processing of Information) and 13 (Sensitive Personal Information & Privileged Information) of the Philippine Data Privacy Act.

This consent allows the PRMSU – Office of the Campus & Registrars’ Offices to comply with R.A. 10173, also known as the Data Privacy Act of 2012.

Signed this _____ day of _____, _____, at President Ramon Magsaysay State University, Iba, Zambales.

Signature over Printed Name of Client

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<div><div>OFFICE OF THE UNIVERSITY ADMISSION AND REGISTRATION SERVICES Facebook Page: Student Admission and Registration Services - PRMSU Email: universityregistrar@prmsu.edu.ph Website: www.prmsu.edu.ph Tel/Fax No.: (047) 602-6120-24 local 129</div></div>	<div>Office of the Campus Registrar</div> <div>Campus: _____</div> <div>Contact number: _____</div> <div>Email Address: _____</div>
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